

JAN 19 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

44121

1. PLACE OF DEATH

81 County Ray Registration District No. 744
6 Township Washington Primary Registration District No. 3035
4 City Richmond (No. _____) St. _____ Ward _____

File No. _____
Registered No. 152

2. FULL NAME

Henry McWhite

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1849

7. AGE — YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 7 B-

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

13. NAME William White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Virginia

15. MAIDEN NAME Anna William

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

17. INFORMANT (ADDRESS) J. C. White Richmond mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newhope DATE Dec. 31, 1934

19. UNDERTAKER (ADDRESS) Edman Richmond mo

20. FILED 1-9 1935 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-29-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1934 to Dec. 29, 1934

I last saw him alive on Dec. 29, 1934 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

Uremic poisoning Date of onset
1935
Dec 27

Other contributory causes of importance: Hypertrophy of prostate

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) D. E. G. Renner M.D.
(Address) _____ M.D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

